

FILED

9/8/2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Terren X. Childress

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

MAY 16 2016 AF

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

Tom Dart vs.

1:16-cv-5284
Judge Sara L. Ellis
Magistrate Judge Sheila M. Finnegan
PC4

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

*BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.*

I. Plaintiff(s):

A. Name: Terren X. Childress

B. List all aliases: Terry Clark, Percy Hammons

C. Prisoner identification number: B-31762

D. Place of present confinement: Sheridan Corr. Center

E. Address: 4017 E. 2603 Road, Sheridan, IL 60551

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Tom Dart

Title: Sheriff of Cook County

Place of Employment: Cook County Jail
2600 So. California Chgo, IL 60608

B. Defendant: _____

Title: _____

Place of Employment: _____

C. Defendant: _____

Title: _____

Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: N/A

B. Approximate date of filing lawsuit: _____

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

D. List all defendants: _____

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____

F. Name of judge to whom case was assigned: _____

G. Basic claim made: _____

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On or about 7-3-2013, I Terren X. Childress was housed in Div. 1 until 5-19-14. During this time I was under the authority of Tom Dart as so ordered by the bond judge. I painstakingly suffered boils, itchy feeling skin, rashes, Compromised breathing, cold meals at breakfast + dinner, NO usage of cleaning supplies, Barber equipment being utilized in our Living + Dining area, Slime caked on the shower walls, Drain in shower clogged for weeks at a time, I showered by standing on a crate to avoid the filth that was floating, sinks in the cells dispensed brown foul smelling water, rats + mice were in my storage box, on my bunk, in the stairwell, mildew + mold under the sink around the toilet in the shower area.. I had several asthma attacks

during this time, I was prescribed 2 inhalers by the physician. I developed several boils which had to be Lanced by the physician. My feet became dry, peeling + itchy the doctor prescribed Triamcinolone ointment + fungal cream. A nasal spray was prescribed to help clear my airways due to my breathing difficulty Around the mildew + mold. D.V. I security staff informed me that no detainee was allowed to have cleaning supplies in their cells period. Only the assigned workers could use such supplies to clean general areas, such as Staff Area, Staff bathroom, dayroom, + hallways. Due to these unsanitary conditions I was forced to stop fighting my case, my health was deteriorating, from complicating breathing, contaminated food, left in the tunnel 45min-1hr w/rats + field mice... Skin boils, rashes from standing water in the shower, slime, mold, + mildew on the walls... End of T.X.C.
Statement

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Compensation for punitive damages, Establish
+ Utilize protocol for better sanitation procedures..
End of statement
TVC

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

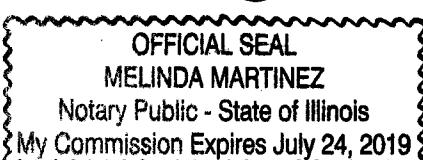
By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

State of Illinois County of LaSalle
Signed before me on this 11 day of May, 20 16
of MAY, 20 16 by Terren Childress
Notary Public, Melinda Martinez

Signed this 11 day of May, 20 16
Terren X. Childress

(Signature of plaintiff or plaintiffs)

Terren X. Childress
(Print name)



B-31762
(I.D. Number)

Sheridan C. C.

4017 E. 2603 Road
Sheridan, IL 60551
(Address)